

HAZARDOUS WASTE MANIFEST

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

007

| | |
|-----------------------------------|--|
| TO: | FROM: |
| T/S/D FACILITY ARRCOM OIL | Generator ARCO ALUMINUM COMPANY |
| E.P.A. ID Code No. 00-080-0961 | E.P.A. ID Code No. MT D057561763 |
| Address RURAL RT. #3, BOX 258 A6 | Address P.O. BOX 10, COLUMBIA FALLS, MT. 59912 |
| Destination RATHDRUM, IDAHO 83858 | Origin |
| Phone 208-687-0857 | Phone 406-892-3261 |

| No Shipping Units | D O T PROPER SHIPPING NAME | HAZARD CLASS | Haz Mat ID No | EPA Haz Waste No | WEIGHT | LABELS REQUIRED for Emergency |
|-------------------|----------------------------------|--------------|---------------|------------------|--------|-------------------------------|
| GAL | Waste Gasoline - Solvent Mixture | Flammable | NA1993 | F001 F005 | 16800 | Flammable |
| 2240 | | | UN1203 | D001 | | |

"Transporter agrees to abide by all standards applicable to transportation of hazardous waste, including all applicable federal regulations and all similar state regulations promulgated by the state of destination of this shipment and the states through which this shipment may pass. Waste shall not remain at a transfer facility for more than 10 days without prior authorization

PLACARDS REQUIRED

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| NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____ | Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without removal on the generator, the generator shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. | FREIGHT CHARGES PREPAID COLLECT <input type="checkbox"/> <input type="checkbox"/> |
|--|---|---|

RECEIVED, subject to the classifications and tariffs in effect on the date of this Bill of Lading, the property described above is apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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| ALTERNATE DESTINATION (EMERGENCY ONLY) | EMERGENCY RESPONSE INFORMATION |
| T/S/D FACILITY ARRCOM OIL | CONTACT Name Tom Drexler |
| E.P.A. ID Code No. 00-080-0961 | Phone 208-687-0857 |
| Address Rural Rt. #3, Box 258 A6 | National Response Center 1-800-424-8802 |
| Destination Rathdrum, Idaho 83858 | in D. C. 426-2675 |

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature Harry Fortin Date 1/19/83

TRANSPORTER #1 ARRCOM OIL E.P.A. ID No. 00-080-0961
Address R.R. #3, Box 258 A6
City Rathdrum State Idaho Zip 83858 Phone 208-687-0857

Transporter No. 1 This is to certify acceptance of the hazardous waste shipment.
Signature [Signature] Date 1/19/83

TRANSPORTER #2 E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

Transporter No. 2 This is to certify acceptance of the hazardous waste shipment.
Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

T/S/D FACILITY This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.
Signature [Signature] Date 1-20-83

ORIGINAL RETURN TO GENERATOR